

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07671

71336

CERTIFICATE OF DEATH

83a
Reg. Dist. No.

1. PLACE OF DEATH:

County WicomicoCity or town Delmar

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 years

Hospital, institution, or street address where death occurred:

Woodlawn

How long in hospital or institution?

3. (a) FULL NAME

Pearl Allen

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Robert Allen6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.)

April 9, 1896

8. AGE:

Years 52Months 3Days 21

If less than one day hrs. min.

9. Birthplace

Williamston, North Carolina

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name

John Coulbourne

13. Birthplace

North Carolina

14. Maiden name

No date available

15. Birthplace

—

16. Informant

Mrs. Anna May Cornish

Address

Delmar Delaware, R.F.D. #2

17. Burial

CDate thereof August 3, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Union Cemetery

Location

near Delmar, Maryland

18. Funeral director

J. F. Trumpton Wilson

Address

Federalburg, Maryland

19. Date rec'd by registrar

July 30, 1948Harry E. Hudson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty WicomicoCity or town Delmar

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Woodlawn

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948 at 4:20 A.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 1948 to July 30, 1948 and that I last saw her July 26, 1948 alive on July 26, 1948

Immediate cause of death

Cerebral hemorrhageDue to arteriosclerosis

DURATION

6 hrs

10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injury to who?

23. SIGNATURE

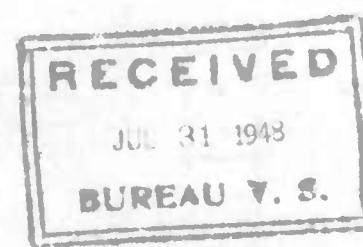
D. V. Sotter, M.D.

Address

Delmar Del.

Date

July 30, 1948



Dr. Kett

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07672
160a
Reg. Dist. No. 332

39

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

M

1. PLACE OF DEATH:

County.....

Wicomico

City or town.....

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Peninsula general Hospital

How long in hospital or institution?.....

3. (a) FULL NAME

Arvey Baby girl

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female

white

new born

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

July 25, 1948 2²⁸ AM

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

New born

1

2

hrs.

min.

9. Birthplace.....

Peninsula Hospital

(Town, county, and state)

10. Usual occupation.....

None

11. Industry or business

MOTHER FATHER

12. Name.....

Louis Emery Avery Arvey

13. Birthplace.....

Ottawville Maryland

14. Maiden name.....

Mary Elaine Bahajee

15. Birthplace.....

Albuquerque New Mexico

16. Informant.....

Mr. Louis Arvey

Address.....

317. short st. Salisbury Md

Burial

(Burial, cremation, or removal, if any?)

Date of ref.

(month) (day) (year)

Cemetery or crematory

Bethel Church Cemetery

Location.....

Wetstone Maryland

17. Funeral director

W. Hollingshead, W. Hollingshead

Address.....

Salisbury Maryland

18. Date rec'd by registrar

19. 7 26 1948

20. Mary W. Hollingshead Deputy Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State.....

Wicomico

County.....

City or town.....

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

317. short street.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 26 1948 a.m. 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

25 July 1948 to 25 July 1948

and that I last saw her alive on 25 July 1948

Immediate cause of death

Pneumaturity

DURATION

Due to

Due to

(1) Congenital pulmonary atelectasis

(2) intra-cranial hemorrhage

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injury at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

ainches M. D. or other

Address..... Salisbury, Md. Date signed 26 July 1948

RECEIVED

JUL 28 1948

BUREAU F. B. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

16
07673

332

Reg. Dist. No.

1. PLACE OF DEATH: *Nicomichi*

County

Sabiney

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *2/23/47 - 7/5/48*

Hospital, institution, or street address where death occurred:

Eastern Shore Ice San

How long in hospital or institution?

3. (a) FULL NAME

Francis J. Cheesman

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Helen J. Cheesman

7. Birth date of deceased (mo., day, yr.)

July 9 - 1901

6. (c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
46	11	26	hrs. min.

9. Birthplace

Brooklyn, N.Y.

(Town, city, and state)

10. Usual occupation.

Carpenter

11. Industry or business

John J. Cheesman

MOTHER FATHER

12. Name

John J. Cheesman

13. Birthplace

Manhattan, N.Y.

14. Maiden name

Jane J. McKeever

15. Birthplace

Brooklyn, N.Y.

16. Informant

Miss Jane M. Cheesman

Addrs

3435 - 76 St. Jackson Height N

17. Burial

Cemetery Calvary Cem.

Cemetery or crematory

18. Location

Towson, Md.

19. Address

Sabiney Rd.

20. Address

Sabiney Rd.

21. Address

Sabiney Rd.

22. Address

Sabiney Rd.

23. Address

Sabiney Rd.

24. Address

Sabiney Rd.

25. Address

Sabiney Rd.

26. Address

Sabiney Rd.

27. Address

Sabiney Rd.

28. Address

Sabiney Rd.

29. Address

Sabiney Rd.

30. Address

Sabiney Rd.

31. Address

Sabiney Rd.

32. Address

Sabiney Rd.

33. Address

Sabiney Rd.

34. Address

Sabiney Rd.

35. Address

Sabiney Rd.

36. Address

Sabiney Rd.

37. Address

Sabiney Rd.

38. Address

Sabiney Rd.

39. Address

Sabiney Rd.

40. Address

Sabiney Rd.

41. Address

Sabiney Rd.

42. Address

Sabiney Rd.

43. Address

Sabiney Rd.

44. Address

Sabiney Rd.

45. Address

Sabiney Rd.

46. Address

Sabiney Rd.

47. Address

Sabiney Rd.

48. Address

Sabiney Rd.

49. Address

Sabiney Rd.

50. Address

Sabiney Rd.

51. Address

Sabiney Rd.

52. Address

Sabiney Rd.

53. Address

Sabiney Rd.

54. Address

Sabiney Rd.

55. Address

Sabiney Rd.

56. Address

Sabiney Rd.

57. Address

Sabiney Rd.

58. Address

Sabiney Rd.

59. Address

Sabiney Rd.

60. Address

Sabiney Rd.

61. Address

Sabiney Rd.

62. Address

Sabiney Rd.

63. Address

Sabiney Rd.

64. Address

Sabiney Rd.

65. Address

Sabiney Rd.

66. Address

Sabiney Rd.

67. Address

Sabiney Rd.

68. Address

Sabiney Rd.

69. Address

Sabiney Rd.

70. Address

Sabiney Rd.

71. Address

Sabiney Rd.

72. Address

Sabiney Rd.

73. Address

Sabiney Rd.

74. Address

Sabiney Rd.

75. Address

Sabiney Rd.

76. Address

Sabiney Rd.

77. Address

Sabiney Rd.

78. Address

Sabiney Rd.

79. Address

Sabiney Rd.

80. Address

Sabiney Rd.

81. Address

Sabiney Rd.

82. Address

Sabiney Rd.

83. Address

Sabiney Rd.

84. Address

Sabiney Rd.

85. Address

Sabiney Rd.

86. Address

Sabiney Rd.

87. Address

Sabiney Rd.

88. Address

Sabiney Rd.

89. Address

Sabiney Rd.

90. Address

Sabiney Rd.

91. Address

Sabiney Rd.

92. Address

Sabiney Rd.

93. Address

Sabiney Rd.

94. Address

Sabiney Rd.

95. Address

Sabiney Rd.

96. Address

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *MD* County *Caroline*City or town *Greenbow*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *Boyle Hill Road*

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH *July 5 1948*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1 1947 to *July 5 1948*and that I last saw him alive on *July 5 1948*DURATION *18 hrs.*

Immediate cause of death

*pulmonary**Tuberculosis*

3. (b) Social Security Number

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

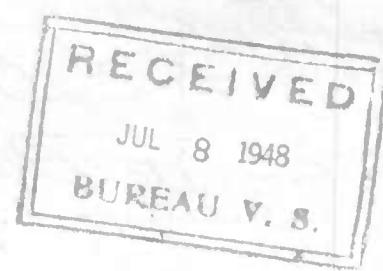
Date of injury

Injured at work?

23. SIGNATURE *S. H. Henslee*

M. D. or other

Address *Sabiney Rd.*Date signed *7/5/48*



2h
105
BBB

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and legible

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07674

332

CERTIFICATE OF DEATH

159
Reg. Dist. No.

1. PLACE OF DEATH:

County

Wicomico

City or town

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution? 11 hrs. 5 min.

3. (a) FULL NAME

Baby girl Nancy

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

July 27, 1948 12:45 p.m.

8. AGE:

Years

Months

Days

If less than one day

1/2

30

hrs. 11

35 min

9. Birthplace

Salisbury, Wicomico, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

Walter F. Darby

12. Name

Fetus

13. Birthplace

Hibon, Md.

14. Maiden name

Ellyn J. Cox

15. Birthplace

Salisbury, Md.

16. Intervent

Walter F. Darby

Address

Hibon, Md.

17. Burial

Date thereof

7/29/48
(month) (day) (year)

(Burial, cremation, or removal, which?)

Cemetery or crematory

Hibon Cemetery

Location

Hibon, Md.

18. Funeral director

David L. Nezick

Address

Hibon, Md.

19. 7-30-1948

(Date rec'd by registrar)

1948

Mary M. Holloway

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 27, 1948, at 11:57 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

Immediate cause of death stillborn

DURATION

Due to

Prematurity

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

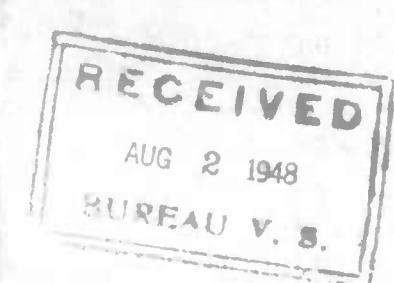
Means of injury

Injured at work?

23. SIGNATURE

Lloyd J. McCormack, M.D. or other

Address: Salisbury, Md. Date signed: July 29, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a 07675
330 Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

F

5. Color or race

Col. M. white

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

deceased (mo., day, yr.)

6. (a) If alive, give age.....

years

67

8. AGE:

Years

Months

Days

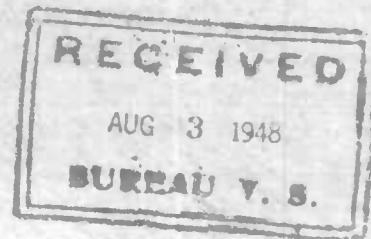
If less than one day

hrs.

min.

71 (about)

4481
1661



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07676 34

CERTIFICATE OF DEATH

Reg. Dist. No. 332

130

1. PLACE OF DEATH:

County

Wicomico

City or town

Salisbury, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Salisbury 3 years

Hospital, Institution, or street address where death occurred

no

How long in hospital or institution?

no

3. (a) FULL NAME

John Evans

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

a. a.

widowed

6. (b) Name of husband or wife

Mary Evans

7. Birth date of deceased (mo. day, yr.)

Please 6. (c) If alive, give age no years

8. AGE:

Years

Months

Days

If less than one day

73

hrs.

min.

9. Birthplace

(Town, county, and state)

Quantico, Md.

10. Usual occupation

Chef

11. Industry or business

Same as above

12. Name

Purnell

13. Birthplace

Quantico, Md.

14. Maiden name

Lorraine Dennis

15. Birthplace

Allen, Md.

16. Informant

Sarah Ely

Address

Salisbury, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Hector

Location

Salisbury, Md.

18. Funeral director

James T. Stewart

Address

Salisbury, Md.

19. 7-26-

(Date rec'd by registrar)

19-48

Death of W. Holloway

Deputy

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Wicomico

City or town

Salisbury, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

534

Cross St.

(or Dimension)

no

2.(a) If veteran, name war

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Sept 21

1948

at 11:50

and that I last saw him alive on

July 21

1948

to

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

July 21

1948

and that I last saw him alive on

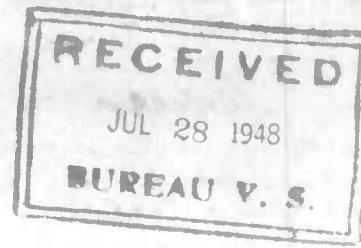
July 21

1948

and that I last saw him alive on

July 21

6681
1948
73
8461



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07677

CERTIFICATE OF DEATH

Reg. Dist. No. 332

27

1. PLACE OF DEATH:

County

Wicomico

City or town

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Pen. Gen. Hospital

How long in hospital or institution?

3. (a) FULL NAME

George Henry Filkins

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife

Gladys Filkins

7. Birth date of deceased (mo., day, yr.)

MAR. 18 - 1877

6. (c) If alive, give age, 55 years

8. AGE:

Years	Months	Days	If less than one day
71	4	3	hrs. min.

9. Birthplace

Leroy, New York

(Town, county, and state)

10. Usual occupation

Driving

11. Industry or business

Frank P. Filkins

12. Name

Frank P. Filkins

13. Birthplace

Leroy, N.Y.

14. Maiden name

Mary Bergent

15. Birthplace

Rochester, N.Y.

16. Informant

George Filkins, Jr.

Address

Dr. Anne, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 16, 1948

(month) (day) (year)

Cemetery or crematory Friendship Cemetery

Location

East Princess Anne, Md.

18. Funeral director

Dale Dashell

Address

Princess Anne, Md.

19. Date rec'd by registrar

July 14

1948

Lorraine Strong Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Somerset

Princess Anne, Md. Rural

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

No N/E

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 14

1948, at 12:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 12, 1948, to July 14, 1948

and that I last saw him alive on July 13, 1948

Immediate cause of death

Cerebral

Due to Cerebral & Myelitis

Due to Bronchitis, hypertrophy

Other conditions Paraplegia, fracture

14 yrs. bronch.

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

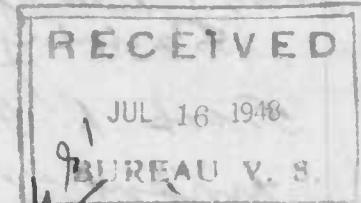
Means of injury Injured at work?

Long & Brady

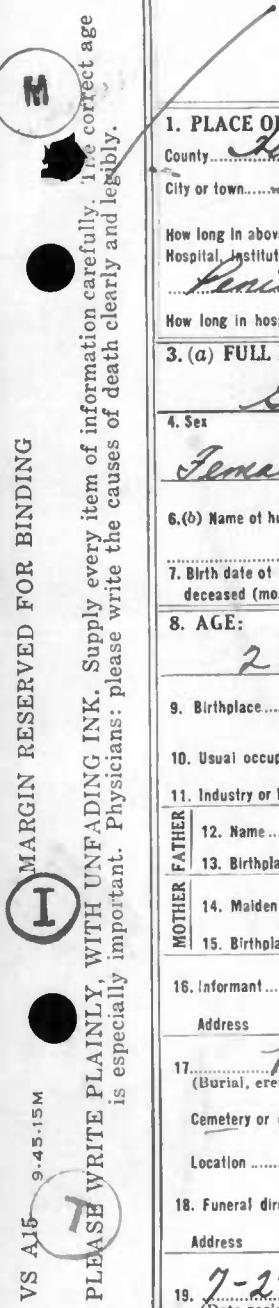
23. SIGNATURE William B. Long, M.D.

Address 504 N. Division St., Salisbury, Md.

Date signed July 18, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07678

42

CERTIFICATE OF DEATH

73d
Reg. Dist. No. 337

1. PLACE OF DEATH:

County KingsCity or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 3 days 2 hr. 10 min.

3. (a) FULL NAME

Gale, Alice

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female C

6. (b) Name of husband or wife

8. (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.)

July 24, 1922

8. AGE:

Years

Months

Days

If less than one day

26 0 4 hrs. min.

9. Birthplace

Pr. Anne Somerset Md.

(Town, county, and state)

10. Usual occupation

Maid

11. Industry or business

12. Name Sam Gale13. Birthplace Princess Anne, Md.14. Maiden name Carrie15. Birthplace allen Md.16. Informant Mrs. Sam GaleAddress Pr. Anne Md.17. Burial Burial Date thereof July 30 1948(Burial, cremation, or removal. Which?) Roeks Road MethodistCemetery or crematory Mat. Vernon Md.Location Wade Dashell18. Funeral director Princess Anne, Md.Address Princess Anne, Md.19. 7-24- Date rec'd by registrar 1948(Date rec'd by registrar) Mary W. HollowayRegistrar Salisbury

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No. 873d #2

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 27 1948 a.m. 1:55 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 24 1948 to July 27 1948and that I last saw her alive on July 27 1948

Immediate cause of death

Respiratory failure

Due to

Sickle Cell Anemia 2 yrs.

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Robert R. StarnDate signed 7-28-48



Dr. Kit
a. ~~Chesapeake~~
is the correct address

MARGIN RESERVED FOR BINDING

I

VS A16 9-45-15M

1. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

159 07679 332
Reg. Dist. No.

1. PLACE OF DEATH:

County

Wicomico

City or Town

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula Gen. Hosp.

How long in hospital or institution? 15 hrs. 50 min.

3. (a) FULL NAME

Greene, Baby Girl MARY OLIVER

4. Sex

5. Color or race

6. (f) Single, married, widowed, or divorced

female white

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

7-6-48

8. AGE:

Years

Months

Days

If less than one day

15 hrs. 50 min.

9. Birthplace

Salisbury, Wicomico, Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name *Greene, James Oliver*

13. Birthplace *Ashburn, Georgia*

MOTHER

14. Maiden name *Lynn, Mary Parish*

FATHER

15. Birthplace *White Plains, New York*

16. Informant

Mr. James A. Greene

Address

Salisbury, Md.

17. Cremation

Date thereof *July 7, 1948*

(month) (day) (year)

Burial, cremation, or removal. Which?

Peninsula General Hospital

Location

Salisbury, Md.

18. Funeral director

Peninsula General Hospital

Address

Salisbury, Maryland

19. Date rec'd by registrar

July 7, 1948

Soule & Strong Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland*

County

Wicomico

City or town

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 7, 1948, at 2:05 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6 July 1948 to 6 July 1948

and that I last saw her alive on

6 July 1948

Immediate cause of death

Prematurity

(30 weeks gestation)

DURATION

Due to

Due to

Other conditions

Pulmonary atelectasis 15 hours

+50 mm

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. C. S. M.D.

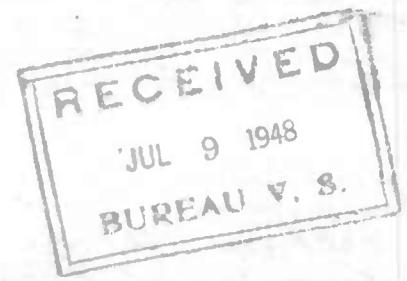
M. D. or other

Address

Salisbury, Md.

Date signed

7 July 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07680

332

Reg. Dist. No. 159

43

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 days

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 2 days

3. (a) FULL NAME

Grimes, Baby Boy

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male colored. Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 27, 1948

6. (c) If alive, give age years

8. AGE: Years 2 Months Days If less than one day2 hrs 2 hrs9. Birthplace Royal Oak quarters Rd.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name (Son of) Grimes HENRY PARICE

13. Birthplace

14. Maiden name Lorraine Grimes15. Birthplace Fort Gaines Georgia16. Informant Family & State PoliceAddress Royal Oak quarters Road17. Cremation Date thereof. 7-29-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director Peninsula General HospitalAddress Salisbury, Maryland19. Date rec'd by registrar 19

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Royal Oak quarters Road

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28th 1948 at 12 40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

here 7/27.48 to 7/28 1948and that I last saw h. i.m. alive on 7/27/48 1948

Immediate cause of death

Pneumonia 6 1/2 mo. gestation

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

airius, M.D.

M. D. or other

Address Salisbury, Md Date signed 7/29/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Physicians: please write the causes of death clearly and legibly. is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

11768-339
Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

Wicomico

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

R.D. #4, Salisbury Md.

How long in hospital or institution?

3. (a) FULL NAME

Mary Leona Hammond

4. Sex

Female

5. Color or race

White Married

(a) Single, married, widowed, or divorced

6. (b) Name of husband

Nutter J. Hammond

7. Birth date of deceased (mo., day, yr.)

Jan. 29 - 1880

6. (c) If alive, give age years

70

8. AGE:

Years

68

Months

5

Days

8

If less than one day

hrs. min.

11-00 00

9. Birthplace

R.D. #4, Salisbury Md.

10. Usual occupation

Home wife

Home

11. Industry or business

Jeweler at home

Jeweler prior

12. Name

R.D. #4, Salisbury Md.

13. Birthplace

R.D. #4, Salisbury Md.

14. Maiden name

R.D. #4, Salisbury Md.

15. Birthplace

R.D. #4, Salisbury Md.

16. Informant

R.D. #4, Salisbury Md.

17. (Burial, cremation, or removal. Which?)

Buried

Date of burial

July 5-48

(month) (day) (year)

Cemetery or cemetery

Parson lot

Location

Salisbury Maryland

18. Funeral director

Hollings Mr. Hollings P. Hollings

Address

Salisbury Md.

19. Date rec'd by registrar

July 31 1948

(Date rec'd by registrar)

Suzanne Strong Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Wicomico

City or town

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No.

R.D. #4

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 2 1948

19

al

21. I CERTIFY that death occurred on the date above stated. That I attended deceased from June 10 - 1948 to July 2 1948

and that I last saw her alive on July 2 1948

Immediate cause of death

Hypertension Cardiac arrest

Heart disease

DURATION

1-2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Date of injury

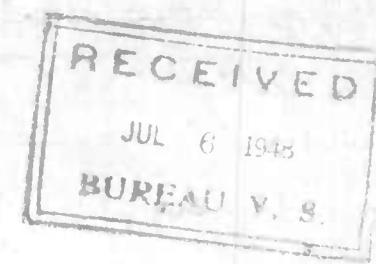
Injured at work?

23. SIGNATURE

Lee L. Lauer, M.D. M. D. or other

Fruitland Date signed July 3 1948

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Uncheck age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

182

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County

W. Con. Co.

City or town

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Two months

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

Dead on arrival

3. (a) FULL NAME

Hansford, Norma

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Florida

County

Palm Beach Flo.

City or town

Palm Beach

(If outside city or town limits, write RURAL and give nearest town)

Street No.

no

(If rural, give LOCATION)

2.(a) If veteran, name war

no

✓

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 24 1948 at 4:55 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 24 1948 to July 24 1948

and that I last saw him alive on

19

Immediate cause of death

suffocation

19

DURATION
sudden death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

Collapsed lungs -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

accident

Date of 7/24/48

Where did injury occur?

Front of house

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

strangled between

Injured at work? no

mother & iron bedstead

23. SIGNATURE

for Pademelon M.D.

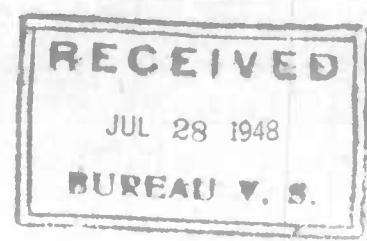
M. D. or other

Address

Salisbury Md Date signed 7/24/48

18. 7-26-48
(Date rec'd by registrar)19. Baby W. Holloway
Reply

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07683

31

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 17 hrs - 85 min

3. (a) FULL NAME

Hastings, Miss Mildred

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 23 - 1909 years8. AGE: Years 38 Months 6 Days 27 If less than one dayhrs. 0 min. 09. Birthplace P.O. #3 Delmar Md

(Town, county, and state)

10. Usual occupation

Wife

11. Industry or business

MOTHER FATHER Charles A. Hastings

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Date thereof July 22-48

(month) (day) (year)

Accident, suicide, or homicide.....

Date of op.

Autopsy results.

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

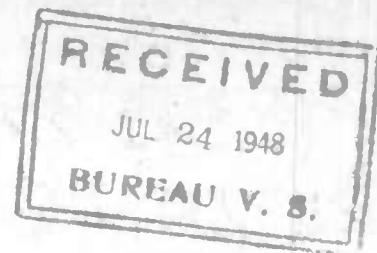
M. D. or other

Address

Date signed

7-22-48

X. V. Soller, M.D.Salisbury, Del.7-22-48Source Strong TaylorRegistrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Starx.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07684

23

1246

CERTIFICATE OF DEATH

Reg. Date. No. 332

1. PLACE OF DEATH:

County... Wicomico

City or town... Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks, 4 days, 8 hrs, 35 min.

Hospital, Institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or Institution? 3 weeks, 4 days, 8 hrs, 35 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Wicomico

City or town... Hebron

(If outside city or town limits, write RURAL and give nearest town)

Street No. P.O. #1

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Holloway, miss Ida M.

4. Sex

5. Color of face

6. (a) Single, married, widowed, or divorced

Female white Single.

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

May 24-1867

8. AGE:

Years

Months

Days

If less than one day

81

1

27

hrs. min.

9. Birthplace.....

Quintic Maryland

(Town, county, and state)

10. Usual occupation.....

at Home

11. Industry or business

John W. Holloway

12. Name

Salisbury Md.

13. Birthplace

Elizabeth W. Mann

14. Maiden name

P.O. Hebron Md.

15. Birthplace

John W. Holloway

16. Informant

P.O. #1 Hebron Md.

Address

Burial

Date thereof... July 24-1948

(Burial, cremation, or removal. What?)

St. Philips P. C. Cemetery

Cemetery or crematory

Quintic Maryland

Location

Holloway & Co. Hebron Md.

18. Funeral director

Salisbury Maryland

Address

7-23-48

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Wicomico

City or town... Hebron

(If outside city or town limits, write RURAL and give nearest town)

Street No. P.O. #1

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 21st 1948, at 10:57 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 1948, to July 21 1948, and last saw her alive on July 21 1948.

Immediate cause of death

Respiratory failure DURATION

Due to

Cirrhosis of liver

Due to

Myocardial decompr.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

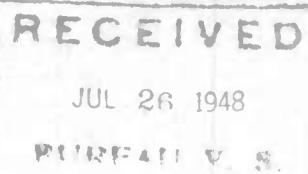
Means of injury

Injured at work?

23. SIGNATURE

Robert R. Starx M. D. or other

Address... Salisbury Date signed 7-23-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

36

CERTIFICATE OF DEATH

83a
07685332
Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....

Belvoir

Salisbury, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... about 6 years

Hospital, Institution, or street address where death occurred:..... no

How long in hospital or institution?..... no

3. (a) FULL NAME

Sallie J. Jeffries

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female a, a widow

6. (b) Name of husband or wife

Jennie J. Jeffries

7. Birth date of

deceased (mo., day, yr.)..... about 1868

8. AGE:

Years Months Days If less than one day

80 about hrs. min.

9. Birthplace.....

Racka Walkin and

(Town, county, and state)

10. Usual occupation, when able to work

Housewife

11. Industry or business

no

12. Name

John Buckhead

13. Birthplace

Hibron

14. Maiden name

Mildred Pickett

15. Birthplace

Racka Walkin

16. Informant

Mary Jeffries

Address

Salisbury, Md.

17. Burial

Date thereof..... 7-27-48

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Green Acres Memorial Park

Location

Salisbury, Maryland, Md.

18. Funeral director

James F. Stewart

Address

402 E. Church St. Salisbury, Md.

19. 7-26-48

(Date rec'd by registrar)

19

Mary W. Holloway

Deputy

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

no

(If outside city or town limits, write RURAL and give nearest town)

2. (a) If veteran, name war.....

no

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 23 1948 at 11:50 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1947 to July 23 1948

and that I last saw her alive on July 23 1948

Immediate cause of death..... Apoplexy

DURATION 2 days

Due to..... Arteriosclerosis

Disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE

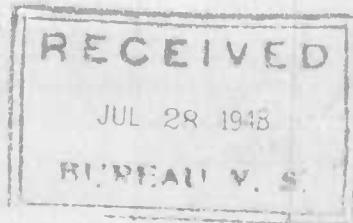
S. Farnell, M.D.

M. D. or other

Address..... 200 W. Main St.

Date signed..... 7-23-48

8981
PC
8981



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

dr. Inley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

17685

CERTIFICATE OF DEATH

122a
3321

Reg. Dist. No.

1. PLACE OF DEATH

County HanoverCity or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Hanover General Hospital

How long in hospital or institution?

3. (a) FULL NAME

Jennings, Fred

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored6. (b) Name of husband or wife Unknown

Unknown

7. Birth date of

deceased (mo., day, yr.)

Unknown

1883

8. AGE:

Years

Months

Days

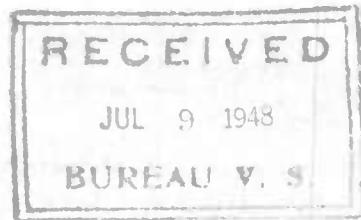
If less than one day

hrs.

min.

About 65- - - - -

6881
-
-
8461



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131b
07687

Reg. Dist. No. 11

1. PLACE OF DEATH:
County Wicomico

City or town Delmar
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, Institution, or street address where death occurred:
202 State Street

How long in hospital or institution? -----

3. (a) FULL NAME

Anna Jones

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Ellis H. Jones

7. Birth date of deceased (mo., day, yr.) Oct. 15 1869 6. (c) If alive, give age ----- years

8. AGE: Years 78 Months ----- Days ----- If less than one day -----
hrs. ----- min. -----

9. Birthplace Harrington, Del.
(town, county, and state)

10. Usual occupation House work

11. Industry or business Home

12. Name Thomas Barkley

13. Birthplace Harrington, Del.

14. Maiden name Sarah Simpson

15. Birthplace Harrington, Del.

16. Informant Spa Ruth Webster

Address Delmar, Delaware

17. Burial Date thereof 7-29-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Odd Fellows Cemetery

Location Smyrna, Delaware

18. Funeral director Spa Ruth Webster

Address Delmar, Delaware

19. (Date rec'd by registrar) July 28, 1948 Harry E. Hudson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar
(If outside city or town limits, write RURAL and give nearest town)

Street No. 202 State Street
(If rural, give LOCATION)

2. (a) If veteran, name war -----

3. (b) Social Security Number -----

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 27 1948, to July 27 1948
and that I last saw her alive on July 27 1948

Immediate cause of death

Diarrhoea, Convulsions.

Due to Chronic nephritis

Due to Styphnolysis, Cardio
obstruction, Diarrhoea

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. -----

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) ----- (County) ----- (State)

Injured at home, farm, industry, public place (where?) -----

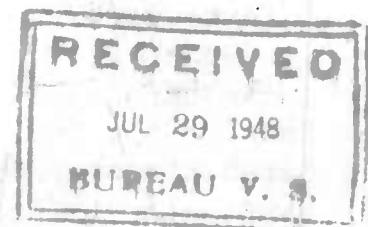
Means of injury

Injured at work? -----

23. SIGNATURE S. H. French

M. D. or other -----

Date signed July 27/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Lang
Grille

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

45b

07689

332

19

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County CarolineCity or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 41 days

3. (a) FULL NAME

Klein, John

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Malewhitemarried

6. (b) Name of husband or wife

Alice M. Leeson

7. Birth date of deceased (mo., day, yr.)

January 11 1887

8. AGE:

Years 61Months 5Days 26

If less than one day

hrs. 0min. 0

9. Birthplace

Wellsboro Pa.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

J. G. Klemperer & Son

12. Name

J. G. Klemperer & Son

13. Birthplace

Wellsboro Pa.

14. Maiden name

M. Nettie Griffith

15. Birthplace

Wellsboro Pa.

16. Informant

James J. Klemperer

Address

Montgomery Hill, Pa.

17. (Burial, cremation, or removal) Which?

BurialDate thereof 7/8/48

Cemetery or cemetery

Salisbury

Location

Montgomery County, Pa.

18. Funeral director

John Bell & Johnson Co.

Address

Salisbury Md.

19. Date rec'd by registrar

July 7 1948

Signature of Registrar

John Bell

M. D. or other

Address 504 N. Division St. Salisbury Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Salisbury Part Part

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Head Start

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1948 to 7:6 1948

and that I last saw him alive on 7/6 1948

Immediate cause of death Cerebral cardiovascularDue to ArteriosclerosisDue to ArteriosclerosisDue to ArteriosclerosisOther conditions

(Include pregnancy within 3 months of death)

Major findings or operations Examination of abdomen uterus ovary Date of op. 11.5.46Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

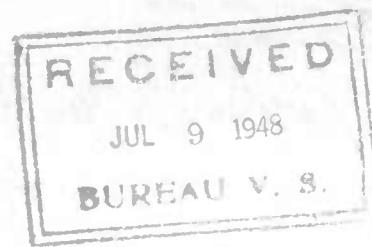
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. G. Klemperer M. D. or otherAddress 504 N. Division St. Salisbury Md. Date signed July 6 1948



I

PLEASE WRITE PLAINLY, IN TINT, UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07690

38

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County W. C. o.

City or town S. A. I. S. b. a. r. y.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7

Hospital, institution, or street address where death occurred: P. B. Hospital

How long in hospital or institution? 7

3. (a) FULL NAME

Landing John (John George Landing)

(b) Social Security Number

4. Sex

5. Color or race

(a) Single, married, widowed, or divorced

Male

White single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 22-1924

6. (c) If alive, give age years

8. AGE:

Years 23

Months 9

Days 2

If less than one day

hrs. - min.

9. Birthplace

P. O. #1, Salisbury Md. (Town, county, and state)

Farmer

10. Usual occupation

11. Industry or business

Clarence V. Landing

12. Name

Clarence V. Landing

13. Birthplace

Wancock, Va.

14. Maiden name

Helen Basford

15. Birthplace

Upper Fairmount, Md.

16. Informant

My Clarence V. Landing

Address

P. O. #1, Salisbury Maryland.

Burial

Burial, cremation, or removal, which?

Date thereof July 27-1948

(month) (day) (year)

Cemetery or crematory

Parsons Cemetery

Location

Salisbury Maryland

Holloway & Co. Delta P. Holloway

18. Funeral director

Salisbury Maryland

Address

7-26 1948 Mary H. Holloway

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No. P. O. #1

(If rural, give LOCATION)

2.(a) If veteran, name War

World War #2 serial # 33889615

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Medical exams complete

and that I last saw him alive on

Immediate cause of death

Ruptured spleen

Fractured ribs - 7 to 10

Fractured long left

Due to

Due to

Other conditions Bronchitis pneumonia Pt

2 days

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results as above described

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Action, suicide, or homicide. accident Date of 7/17/48

Where did injury occur near home (City or town) Dennis (County) Md (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury car struck pole Injured at work? No

S. P. Rodenbacher MD

S. P. Rodenbacher



RECEIVED
JUL 16 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

07692

332

1. PLACE OF DEATH

County

Wicomico

City or town

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

216 West Main street

How long in hospital or institution?

3. (a) FULL NAME

John Telfer McLeod

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Divorced

6. (b) Name of husband or wife

Sophia Maynell

7. Birth date of deceased (mo., day, yr.)

Sept 28-1898

8. AGE:

Years Months Days If less than one day
49 9 22 .hrs. .min.

9. Birthplace

(Town, county, and state)
Scotland

10. Usual occupation

Welder at Machine shop

11. Industry or business

Architect McLeod

MOTHER FATHER

12. Name

Archibald McLeod

13. Birthplace

Scotland

14. Maiden name

Agnes Telfer

15. Birthplace

Scotland

16. Informant

Mrs. Agnes Cantley

Address

P.O. #2 Parsonsburg Md.

17. Burial

Date thereof
(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Parsons Cemetery

Location

Salisbury Md.

18. Funeral director

Holloway, G. Walter P. Holloway

Address

Salisbury Md.

19. Date rec'd by registrar

July 22 1948 Sophie Strong Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. Wicomico

County

Salisbury (S. 35, 19, 29)

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

216 W. Main st. 3 Butcher Army

World War #1. Royal Highlanders

2.(a) If veteran, name war

3. (a) Social Security Number

Identity # 111-11-1111

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 20 1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him alive on

Immediate cause of death

coronary occlusion

Due to

sudden death

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

none

Date of op.

No

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

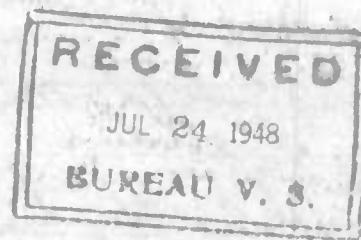
LaRaderup, Jr. Deputy Medical Examiner

M. D. or other

Address

Salisbury Md.

Date signed



PLEASE WRITE PLAINLY, WITH LEADING INK. Supply every item of information carefully. Use correct age. Physicians: please write the causes of death clearly and legibly. It is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07693

332

Reg. Dist. No.

1. PLACE OF DEATH:

County

Salisbury

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 weeks

Hospital, institution, or street address where death occurred:

R.D. #2 (Anderson Road)

How long in hospital or institution?

3. (a) FULL NAME

Christopher Columbus Moore

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Sarah Moore

Dead

7. Birth date of deceased (mo. day, yr.)

May 16-1869

6. (c) If alive, give age

years

8. AGE:

Years 79 | Months 1 | Days 25 | It less than one day

hrs.

min.

9. Birthplace

Nanticoke Maryland

(Town, county, and state)

10. Usual occupation

Carpenter & Farmer

11. Industry or business

Farming

12. Name

Christopher Bryan Moore

13. Birthplace

Nanticoke Maryland

14. Maiden name

Sarah Green

15. Birthplace

Nanticoke Maryland

16. Informant

Mr. Rodney C. Moore

Address

R.D. #2. Salisbury Maryland

Burial

Date thereof July 13-1948

(Burial, cremation, or removal. Which?)

Cemetery or Crematory

Nanticoke Maryland

Location

Followay & Co. Waller & Hilding

18. Funeral director

Address

Salisbury Maryland

19. Date rec'd by registrar

1948

Signed Strong Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Wicomico

City or town

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No.

R.D. #2

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 11 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to July 1948

and that I last saw him alive on July 11 1948

Immediate cause of death

Chronic Myositis & Neglect

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

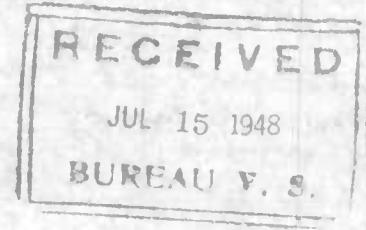
23. SIGNATURE

M. D. or other

Address

Salisbury, Md

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07694

CERTIFICATE OF DEATH

92d Reg. Dist. No. 330

1. PLACE OF DEATH: Mardela
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Now long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED
 (For newborn infants give residence of mother)

State Md County Mardela
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)

3. (a) FULL NAME

Minerva A. Owens
 4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Doughty B. Owens
 7. Birth date of deceased (mo., day, yr.) May 28 1860 6. (c) If alive, give age years

8. AGE: Years 88 Months 1 Days 24 If less than one day
 hrs. min.

9. Birthplace Sharptown Md
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Ephraim P. Bennett
 MOTHER FATHER
 12. Name Ephraim P. Bennett
 13. Birthplace Md

14. Maiden name Sarah Marine
 15. Birthplace Md

16. Informant Miss Blanch Owens
 Address Mardela Md

17. Burial Mardela Date thereof 7 25-48
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mardela
 Location Mardela, Md

18. Funeral director Gravener Bros
 Address Sharptown

19. 7/25/48 19..... M. M. Robertson
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22 1948 a.m. 3:30 AM
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7/20 1948 to 7/23 1948
 and that I last saw her alive on 7/19 1948

Immediate cause of death Valvular Heart Disease DURATION 4 yrs

Due to.....

Due to..... Cerebral Hemorrhage DURATION 17-

Other conditions Hypertension DURATION 4 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Susan R. Mann M. D. or other MD

Address Salemby Md Date signed 7/25/48

RECEIVED

JUL 27 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1226

07695
332

Reg. Dist. No.

29

1. PLACE OF DEATH:

County.....

wicomico

City or town.....

Salisbury Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?.....

3. (a) FULL NAME

Betty Jean Pace

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female a.a.

no

Single

6. (b) Name of husband or wife.....

no

7. Birth date of deceased (mo. day, yr.)

Sept 8

6. (c) If alive, give age..... years

1947

8. AGE:

Years

Months

Days

If less than one day

9 1/2

hrs.

min.

9. Birthplace.....

Boca Raton, Florida

(Town, county, and state)

10. Usual occupation.....

no

11. Industry or business

no

MOTHER

FATHER

12. Name.....

Pete Pace

13. Birthplace.....

Benton Mississippi

14. Maiden name.....

Sadie Jean Barber

15. Birthplace.....

Marion Ga.

16. Informant.....

Pete Pace

Address.....

Faylandland Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

July 17, 1948

Cemetery or crematory.....

St. James

Location.....

near Salisbury Md

18. Funeral director.....

James H. Stewart

Address.....

Salisbury Md

19. Date record by registrar.....

July 16, 1948

Date record by registrar.....

Signed

S. M. T. (Signature)

Registrar.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Florida County.....

City or town.....

Boca Raton, Florida

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Pete Pace is front of 10th and 10th

(If rural, give LOCATION) no ✓

2.(a) If veteran, name war.....

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH

12 July 1948 10:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5 July 1948 to 12 July 1948

and that I last saw her alive on 12 July 1948

Immediate cause of death.....

Intestinal obstruction

DURATION

3 days

Due to..... Intussusception of Cecum and ascending colon into

Due to..... Transverse colon

3 days

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results..... Same

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

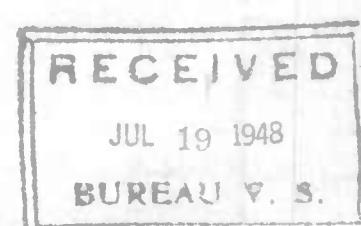
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE.....

M. D. or other

Address..... Salisbury, Md Date signed 7/13/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12

07696

CERTIFICATE OF DEATH

Reg. Dist. No. 332

22

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Animal General HospitalHow long in hospital or institution? 1 day 14 hrs. 20 mins.

3. (a) FULL NAME

Pitts, Viola Virginia

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemalecoloredSingle

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

July 29, 1942

8. AGE:

Years

Months

Days

If less than one day

5 11 3

hrs.

min.

9. Birthplace

Berlin, Wm. Co. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

Charles PittsBerlin, Md.Jeanette LeonardMar.

16. Informant

Charles Pitts

Address

Berlin, Md. R 2D 2

11. (Burial, cremation, or removal. Which?)

Date thereof 7/3/48

(month) (day) (year)

Cemetery or crematory

St Pauls (Cath)

Location

Berlin, Md.

18. Funeral director

Alma P. Burley

Address

Berlin, Md.

19. July 5, 1948, Somestrong Taylor

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

WicomicoCity or town Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

R. R. #2 Box #5

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 2nd

19

48

at 9 1/2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1948 to July 2, 1948, 1948and that I last saw her alive on July 2, 1948, 1948

Immediate cause of death

Stenosis.

DURATION

3 days.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

enlarged liverDate of op. July 1, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

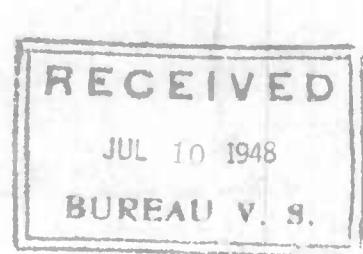
Injured at work?

23. SIGNATURE

William B. Long M.D.

M. D. or other

Address 504 N. Division St. Date signed July 3, 1948Salisbury, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. is especially important.

07697

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

21

186a

07697

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
 County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, Institution, or street address where death occurred:
Peninsula General Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Chance
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war. _____

3.(a) FULL NAME
PHILIP JEROME PRICE

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife Ella Hickman Price

7. Birth date of deceased (mo., day, yr.) May 30, 1859 6.(c) If alive, give age. years

8. AGE: Years 89 Months 1 Days 3 If less than one day
..... hrs. min.

9. Birthplace Dames Quarter-Somerset- Md/
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood Industry

12. Name Philip J. Price

13. Birthplace Dames Quarter-Somerset-Md.

14. Maiden name Louise Lewis

15. Birthplace Hunting Creek-Virginia

16. Informant Thomas Price

Address Chance-Somerset-Md.

17. Burial Date thereof July 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Chance Methodist Cemetery

Cemetery or crematory Chance-Somerset-Md.

Location Chance-Somerset-Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. 2/8 1948 Souise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10..... 10..... 10.....

and that I last saw h..... alive on

19.....

Immediate cause of death Heart disease

Due to Fractured femur

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 1, 1948

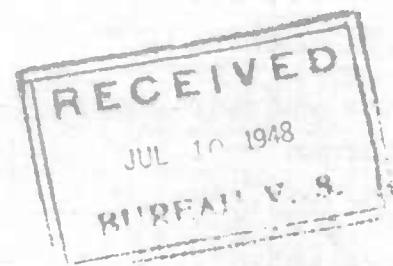
Where did injury occur? Chance Somerset Md County Calvert State Md

Injured at home, farm, Industry, public place (where?) At home

Means of Injury Fall Injured at work? No

23. SIGNATURE Tracy M. Loughlin M.D. M. D. or other

Date signed 7/5/48



Dr. Star

The correct page

carefully. The cause of death clearly and legibly.

Supply every item of information carefully.

Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County.....

Wicomico

City or town.....

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

100 days

Hospital, institution, or street address where death occurred:

Peninsula San Hosp.

How long in hospital or institution?.....

3. (a) FULL NAME

Purnell, Oscar G.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male col.

single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

June 1 - 1911

8. AGE: Years

Months

Days

If less than one day

37

1

3

hrs.

min.

9. Birthplace.....

Snow Hill, Wicomico, Md.

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

Samuel M. Mather

13. Birthplace.....

Maryland

14. Maiden name.....

Winifred

15. Birthplace.....

Clefton, W. Va.

16. Informant.....

George W. Mather

Address.....

Snow Hill, Md.

17. Burial: (Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Location.....

Baptist

Snow Hill, Md.

Date thereof.....

July 7/48

(month) (day) (year)

18. Funeral director.....

Elay G. Morris

Address.....

Snow Hill, Md.

19. (Date rec'd by registrar)

July 5

1948

Snow Hill, Md.

Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

806
07698

332

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Worcester

City or town..... Snow Hill (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

70 ✓

3. (b) Social Security Number

220-079-584

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

July 4 1948 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that attended deceased from

July 3 1948 to July 4 1948

and that last saw him alive on July 4 1948

Immediate cause of death..... Respiratory failure

Due to..... Encephalitis

Due to..... Non-Specific

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

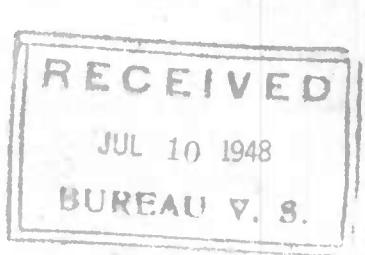
Means of injury.....

Injured at work?

23. SIGNATURE

R. R. Star M. D.

Address..... Salisbury Date signed..... 7-5-48



PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Reverse

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07699

FILE NO. G 116 JUL 12 1948 CERTIFICATE OF DEATH

83a
Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

6 days - 11 hrs

3. (a) FULL NAME

Joshua Wilson Register

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

Widowed.

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

June 29- 1877

8. AGE:

71

Years

0

Months

5

Days

If less than one day

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Worke

11. Industry or business

Robert A Register

FATHER

12. Name

Maryland

13. Birthplace

Virginia Carter

MOTHER

14. Maiden name

Maryland

15. Birthplace

Katherine Woods

16. Informant

Katherine Woods

Address

2906 Sylvan Ave. Balt.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 7/6/48
(month) (day) (year)

Cemetery or crematory

Sorriane Cemetery

Location

Balt. Co. - Maryland

18. Funeral director

The Hill & Johnson Co.

Address

East Main St. - Salisbury

19. Date rec'd by registrar

July 4 1948

Swindell Strong Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Wicomico

City or town 15

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. 3

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 3rd 1948 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 27 1948 to July 3 1948

and that I last saw h. alive on medical examens over

Immediate cause of death

Cerebral Hemorrhage

DURATION

6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

no

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

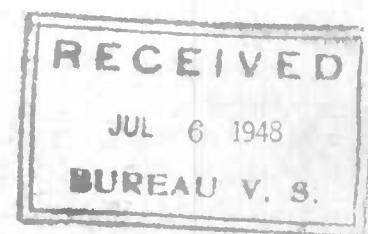
Injured at work?

fa Rademacher deputy med. examiner

M. D. or other

Address Salisbury Md Date signed 7/4/48

23. SIGNATURE





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Check correct age
is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

176

07700

333

Reg. Dist. No.

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address, where death occurred:

Peninsula General HospitalHow long in hospital or institution? 1 day, 3 hours, 10 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant give residence of mother)

State Maryland County Worcester
City or town Oxon Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

3. (a) FULL NAME

Ritterbush, Mr. James. (James R. Ritterbush)

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M.W.W.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age

years

8. AGE: Years

Months

Days

11 less than one day

21

10

4

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Auto - Supplies man

11. Industry or business

Auto - Parts Supply House

MOTHER FATHER

12. Name

Donald W. Ritterbush

13. Birthplace

N.Y.

14. Maiden name

Kesta May Woodhead

15. Birthplace

Baltimore

16. Informant

Wm. Walters

Address

Poconos City, Md.

17. Burial

Date thereof July 17, 1948

(Burial, cremation, or removal. Which)

(month) (day) (year)

Cemetery or crematory

Baltimore National Cemetery

Location

Baltimore, Md.

18. Funeral director

Roland L. Fisher

Address

2112 Dundalk Ave.

19. (Date rec'd by registrar)

7-16 1948Deceased

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 14th 1948 at 7:25 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13th to July 13th, 1948, and that I last saw him alive on July 13th, 1948.

Immediate cause of death

Subarachnoid hemorrhageFracture of skull, dryDue to Fall on head by crane
of lifting crane

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Acc. Date of 7/13/48
Where did injury occur? Eagle Hill - Poconos City, Ware Co. Md. (County) (State)

Injured at home, farm, industry, public place (where)

Means of injury Acc. Blow on head Injured at work? —

23. SIGNATURE

R. E. Gartner, M.D. M. D. or otherAddress Poconos City, Md. Date signed 7/18/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

07701
332

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

Salisbury
Salem

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

1802 N. Warren St.

How long in hospital or institution?

3. (a) FULL NAME

Julia F. Roach

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

William Roach

7. Birth date of deceased (mo., day, yr.)

May 24-1881

6. (c) If alive, give age in years

8. AGE:

Year Months Days If less than one day

67

3

7

hre.

. min.

9. Birthplace

Philadelphia Pa
(Town, county, and state)

10. Usual occupation

Proprietor

11. Industry or business

Jafft Wunderweidt

12. Name

Jafft Wunderweidt

13. Birthplace

France

14. Maiden name

Lena Vogel

15. Birthplace

Germany

16. Informant

Mrs. Violet A. Gull

Address

1802 N. Warren St. Salisbury Md

17. Burial

Burial

Date thereof Aug. 3-1948
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Philadelphia Pa

Location

Hollings & Co. Walter R. Hollings

18. Funeral director

Salisbury Md

Addressee

Robert J. Gull

19. 7-31-

1948

Mary W. Hollings
Deputy Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Pa.

County

City or town

Willow Grove

(If outside city or town limits, write RURAL and give nearest town)

Street No.

557

Funkdale Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 31st 1948 at 150 p.m.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

July 13 1948 to July 31 1948

and that I last saw her alive on July 31, 1948

Immediate cause of death

coronary occlusion

most likely

disease cerebral

Due to

hypertension C.V.D.

Due to

hypertension C.V.D.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

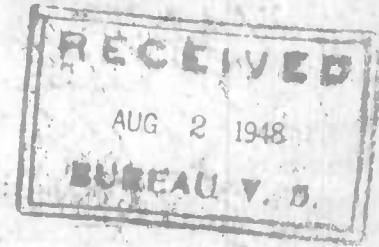
Injured at work

23. SIGNATURE

Robert J. Gull 7-31-48

M. D. or other

Address 1802 N. Warren St. Salisbury Md Date signed 7-31-48



I

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

Dr. Long &
Belle

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

BC

07702

CERTIFICATE OF DEATH

Reg. Dist. No.

333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

5 days

3. (a) FULL NAME

Shaffer Mrs Etta

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white

W. Dow

6. (b) Name of husband or wife

Harry S. Shaffer

7. Birth date of deceased (mo., day, yr.)

Apr. 2, 1873

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

Tyekin, Wisconsin, Ind

(Town, county, and state)

10. Usual occupation.

None

11. Industry or business

Joseph G. Travers12. Name Wicomico Co. Ind.13. Birthplace Rebecca Harris14. Maiden name Wisconsin Co. Ind.15. Birthplace Wisconsin Co. Ind.16. Informant Mrs. Etta G. WhiteheadAddress 2914 Presbury St - 1617. Burial Date thereof 7/22/48

(Burial, cremation, or removal which?)

Cemetery or location Gruenman & Carter, Ind.Location Salisbury, Ind.18. Funeral Director John J. Tickner & SonsAddress Balto. Ind.19. Date rec'd by registrar July 22, 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty BaltimoreCity or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2029 Chester St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 19 1948, at 11:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/18 to July 19 1948, 1948,and that I last saw her alive on July 19 1948.

Immediate cause of death

Exsanguination of circulatory system

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Cerebral hemorrhage Date of op. 7/16/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Al Belle M. D. or other
Address 50477 Avenue Rd Date signed 7.19.48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Salter.

0770

332

Reg. Dist. No.

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH:

County: *Wicomico Co*City or town: *Melson*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *6 yrs.*Hospital, Institution, or street address where death occurred: *—*How long in hospital or institution? *—*

3. (a) FULL NAME

*Hensel Showell*4. Sex: *Male* 5. Color or race: *Col* 6. (a) Single, married, widowed, or divorced: *Married*Male Col Married
*Mae Showell*6. (b) Name of husband or wife: *Mae Showell*7. Birth date of deceased (mo., day, yr.): *Feb 8, 1905* 8. (c) If alive, give age: *years*8. AGE: Years: *43* Months: Days: If less than one day: hrs: min:9. Birthplace: *Parsonsburg, Md.* (Town, county, and state)10. Usual occupation: *Farmer*11. Industry or business: *none*12. Name: *Brook H. Showell*13. Birthplace: *Parsonsburg, Md.*14. Maiden name: *Jannie Showell*15. Birthplace: *Parsonsburg, Md.*16. Informant: *Stanberry Showell*Address: *Melsons, Md.*17. Burial: *Burial* Date thereof: *July 25, 1948*

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: *less Steel Corp*Location: *Parsonsburg, Md.*18. Funeral director: *Booker W. West*Address: *Salisbury, Md.*19. *7-26-48* Date rec'd by registrar: *1948*

(Date rec'd by registrar)

Maryland Health Dept. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: *Md.*County: *Wicomico*City or town: *Melsons, Md.* (If outside city or town limits, write RURAL and give nearest town)Street No: *—*(If rural, give LOCATION) *Rural*2.(a) If veteran, name war: *Rural*

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: *July 22* 1948, at *3:45 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19, 48 to *July 22, 1948*and that I last saw him alive on *July 22, 1948*Immediate cause of death: *Myocardial infarct* DURATION *1 day*Due to: *Coronary Thrombosis* DURATION *1 day*Due to: *Coronary Sclerosis* DURATION *3 years*Other conditions: *—*

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: *—* Date of: *—*

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

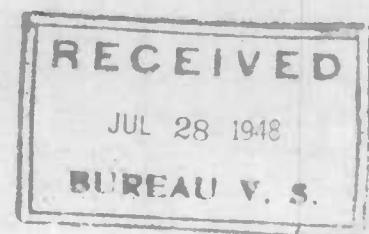
Means of injury:

Injured at work?

23. SIGNATURE:

M. D. or other

Address: *A. V. Sotter, M.D.* Date signed: *7-22-48*



Dr. Ratto

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

07704

14

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

County

Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital institution, or street address where death occurred:

P.B. Hospital

How long in hospital or institution?

3. (a) FULL NAME

Baby Boy - Stevenson

4. Sex

Male

5. Color of face

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June 26-1948

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

7

12

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

MOTHER FATHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

1948

Louise Strong Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED!

(For newborn infants give residence of mother)

State

Md

County

City or town

Marshall

Street No.

P.O. #2

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 3 1948 at 19 48 2 45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 27 June 1948, to 3 July 1948

and that I last saw h.i.m. alive on 3 July 1948

Immediate cause of death

① Gaugrene left leg

② Toxic hepatitis

③ Pneumonia, bilateral

Due to

④ Prematurity

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

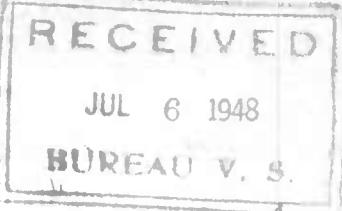
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Salisbury, Md. Date signed 7/5/48

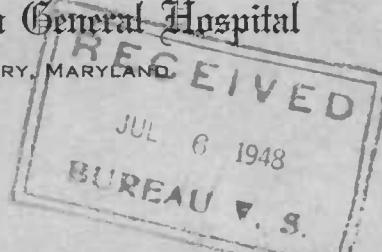


The Peninsula General Hospital

SALISBURY, MARYLAND

Dr A.W.Hedrich

Dear Sir:



Mrs. Catherine Stephenson was delivered of a Baby Boy here 6-25-48 at 1:42 A.M. ~~Hop~~ No. 102-397 Husband, Mr. Irvin Lee Stephenson. The mother signed this way.
We reported this birth June 26, 1948

Today, the Baby ceased to breathe at 2:45 P.M. July 3, 1948.

Now the husband tells us his name should be spelled Stevenson and the mother spells her first name with a K instead of C.

I told her to write these corrections on the white card from your office (she has this card) and the death certificate will be made out with the correct name—Stevenson Baby Boy.

(Mrs.)

Louise Strong Taylor
Louise Strong Taylor, R.R.L.
Registrar, District, 332

Dr. Hedrich =

7-5-48

This is the Newborn Baby Boy

Ref. no-102- 394 whose name
was misspelled "Stephenson" on
the birth certificate and on Sat-July
3, I notified you that the father told
us that day the name should be
spelled Stevenson - All other data O.K.

S. S. T.

PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07705

17

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County

Salisbury, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 months

Hospital, Institution, or street address where death occurred:

Pleasanton Funeral Home

How long in hospital or institution? 5 months

3. (a) FULL NAME

Annie M. Taylor

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female a. a. married

6. (b) Name of husband or wife William Taylor
Don't know6. (c) If alive, give age no years
7. Birth date of deceased (mo., day, yr.) Dec 13 19008. AGE: Years Months Days II less than one day
47 6 21 hrs. min.9. Birthplace Berlin, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Same as above

12. Name Daniel Pitts

13. Birthplace Berlin, Md.

14. Maiden name Agnes F. Ansell

15. Birthplace Berlin, Md.

16. Informant Pauline Shockley

Address Berlin, Md.

17. Burial Date thereof July 8 - 1948
(Burial, cremation, or removal. Which?)

Cemetery or crematory Evergreen

Location Berlin, Md.

18. Funeral director James F. Stewart

Address Salisbury, Md.

19. July 7 1948 Sonja Strong Taylor
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Worcester

County

Berlin, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

no

(If rural, give LOCATION)

2. (a) If veteran, name war

no

3. (b) Social Security Number

Last

MEDICAL CERTIFICATION

2D. DATE OF DEATH

7-4 1948 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 April 1948 to 7-4 1948
and that I last saw her alive on 7-4 1948

Immediate cause of death

Uremia
And Cachexia
Due to: Carcinoma of cervix
metastatic

DURATION

5-6 mo.

Due to:

Other conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Unknown

Major findings of operations

Autopsy results: Carcinoma of cervix with
PHYSICIAN: Please undercheck which statements apply

Date of op.

22. VIOLENCE: If death was due to external causes, fill in the following:

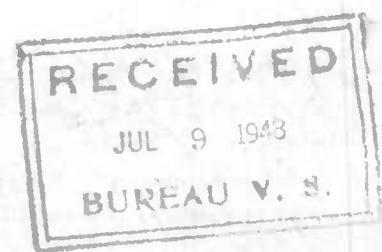
Accident, suicide, or homicide. Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: H. E. B. B. M.D.
M. D. & other
Address: Salisbury, Md. Date signed: 7-6-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07716

CERTIFICATE OF DEATH

338

107
Reg. Dist. No.1. PLACE OF DEATH: *Nicomis*

County

Pittsville

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Esther Truitt

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widow

6. (b) Name of husband or wife

Amelia B. Truitt Dead

7. Birth date of deceased (mo., day, yr.)

July 1-1871

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Berlin Maryland

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Curtis J. Evans

MOTHER FATHER

Sussex County Delaware

13. Birthplace

Mary Elizabeth Penwell Evans

14. Maiden name

Worcester County, Md.

15. Birthplace

Mr. Curtis B. Truitt

16. Informant

Pittsville Maryland

Burial

Elm Green Cemetery

Cemetery or crematory

Berlin Maryland

Location

Walter R. Holloway

18. Funeral director

Salisbury Md.

Address

Mary W. Holloway

19. 7-29

1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.* County *Nicomis*City or town *Pittsville*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *(If rural, give LOCATION)*

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *July 26 48*

1948 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7-23 1948

10 7-26 1948

and that I last saw her alive on

7-28 1948

10 7-26 1948

Immediate cause of death

Bronchopneumonia

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *Frank E. Balton, M.D.*

M. D. or other

Address *Pittsville, Md.*Date signed *7-27-48*



J. Rodemeyer

M
LINE CORRECT AGEH
LINE FOR BIRTHC
LINE FOR DEATH

MARGIN RESERVED FOR BINDING

I

C
LINE FOR BURIAL

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

52b

07707

CERTIFICATE OF DEATH

332

Reg. Dist. No.

1. PLACE OF DEATH: Wicomico
County.....City or town..... Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital
How long in hospital or institution? 18 days, 17 days

3. (a) FULL NAME

Lloyd H. Watson4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Lloyd T. Watson7. Birth date of deceased (mo., day, yr.) Feb 6 1871 6. (c) If alive, give age years8. AGE: Years 77 Months 5 Days 3 If less than one day hrs. min.9. Birthplace New Church Va. (Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Mrs. J. Watson13. Birthplace New Church, Va14. Maiden name Mary E. Wilkinson15. Birthplace New Church, Va16. Informant Mr. Paul WatsonAddress Salisbury, Md17. Burial Date thereof Burial 7/12/48

(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory VaronaLocation Salisbury, Md18. Funeral director The Bell & Johnson CoAddress Salisbury, Md19. Date rec'd by registrar July 10 1948Signature Sonie Strong Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WicomicoCity or town Salisbury, Md
(If outside city or town limits, write RURAL and give nearest town)Street No. 253 W. Main
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 9 48 19 48, at 7 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1st 1948 to July 9 1948 and that I last saw h. b. alive on July 9 1948 19 48Immediate cause of death Carcinoma of urinary Bladder DURATION 6 mos

Due to.....

Due to.....

Other conditions Initial vegetatation 2 years (Known)

(Include pregnancy within 8 months of death)

Major findings of operations Carcinoma of bladder metastatic Date of op. 6-21-48Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide. Date of.....

Where did injury occur? (City or town) (County) (State)

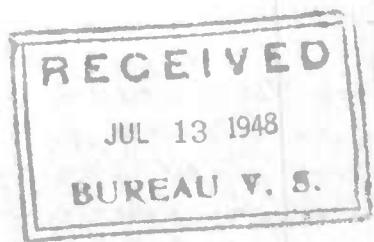
Injured at home, farm, industry, public place (where?)

Means of injury Fall down stairs Injured at work? no

23. SIGNATURE.....

M. D. or other

Address Salisbury Md Date signed 7/3/48



Nock

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

189a

332

1. PLACE OF DEATH:

County BaltimoreCity or town Salisbury, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

3. (a) FULL NAME

Wheatley, Mrs. Lettie Vida (Lettie Vida Wheatley)

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

MARRIED

6.(b) Name of husband or wife

Osvald C. Wheatley

52 years

7. Birth date of deceased (mo., day, yr.)

Jan. 6 - 1897

6.(c) If alive, give age years

8. AGE:

Years
51Months
6Days
10If less than one day
hrs. min.

9. Birthplace

Ro. Maryland Maryland

(Town, county, and state)

10. Usual occupation

Home wife

11. Industry or business

Billie Bennett

MOTHER FATHER

12. Name Billie Bennett13. Birthplace Ro. Maryland Maryland14. Maiden name Mary A. Jackson15. Birthplace Baltimore Co. Maryland16. Informant Osvald C. WheatleyAddress 5505 Chew St. Philadelphia Pa.17. Burial Burial Date thereof July 19-1948(Burial, cremation, or removal. Which?) Cemetery or embalming Date thereof (month) (day) (year)Location Marietta Cemetery18. Funeral director Holloway & Co. Walter K. HollowayAddress Salisbury Maryland19. Date rec'd by registrar July 17 1948(late rec'd by registrar) Louise Strong TaylorRegistrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County PhiladelphiaCity or town Philadelphia (If outside city or town limits, write RURAL and give nearest town)Street No. 5505 Chew Street (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th 1948 at 9 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 14 1948 to July 16 1948and that I last saw her alive on July 16 1948 1948

Immediate cause of death

Aplastic Anemia DURATION 1 weekDue to Chloroform & Petrol.Due to Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations None Date of op.

Autopsy results

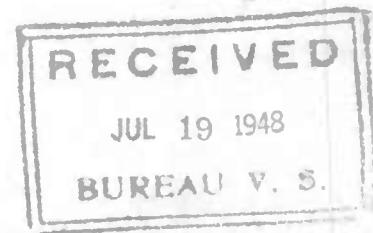
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? 23. SIGNATURE J. A. Welch M. D. or other Address Salisbury Date signed 7/18/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07709

15

Reg. Dist. No. 332

469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County WicomicoCity or town Tyaskin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sophia Wheeler

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

7CWidowed

6. (b) Name of husband or wife

Harvey Wheeler

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

May 10 - 1895

8. AGE:

Years

Months

Days

If less than one day

53123

hrs.

min.

9. Birthplace

White Haven, Wicomico, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

Joseph PritchettWhite Haven, Md.Sarah HandleyTyaskin, Md.

16. Informant

Samuel HandleyTyaskin, Md.

17. Burial

Date thereof 7/6/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Tyaskin Cemetery

Location

TyaskinHunting & Co. Wm. R. JohnsonSalisbury, Maryland

18. Funeral director

Address

19. (Date rec'd by registrar)

July 6 1948Sorine Strong Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

County

WicomicoCity or town Tyaskin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

3 July

1948, at 9:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 Dec.

1947

to 3 July 1948.and that I last saw her alive on 3 July 1948.

Immediate cause of death

Traustion.Due to Carcinoma head ofPancreas

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

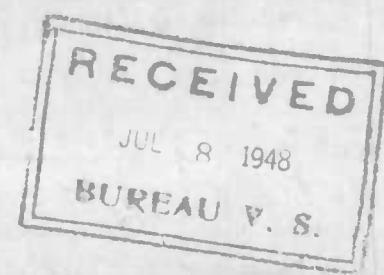
23. SIGNATURE

Deborah A. Saunders MD

M. D. or other

Address

Monteville RdDate signed July 18



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

07711332

Reg. Dist. No.

1. PLACE OF DEATH:

County WicomicoCity or town Quantico

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Addie Hardy Wilson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

7CmarriedGeorge W. Wilson

6. (b) Name of husband or wife

6. (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.)

Nov. 1, 18746. (c) If alive, give age 80 years

8. AGE: Years

Months

Days

If less than one day

7387

hrs.

min.

9. Birthplace

Nanticoke, Wicomico, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name Bailey Combs13. Birthplace Nanticoke, Md.14. Maiden name Harriet Hughes15. Birthplace Quantico, Md.

16. Informant

Thomas Elsey

Address

Nanticoke, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 7/11/48
(month) (day) (year)Cemetery or crematory Nanticoke CemeteryLocation Jesterville, Md.

18. Funeral director

Holloway & Son, FuneralAddress Salisbury Md.

19. Date rec'd by Registrar

July 9 1948Registrar Louise Strong Taylor

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State mdCounty WicomicoCity or town QuanticoRFD #Street No. RFD #

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

8 July 1948 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9 May 1947 to 8 July 1948and that I last saw her alive on 8 July 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

24 hoursDue to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Holiday Injured at work?

23. SIGNATURE

Richard D. Saunders M.D.

M. D. or other

Address Manticoke Md. Date signed July 1948

